STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001630	A. BUILDING: _____ B. WING _____	C 09/15/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAMPAIGN COUNTY NURSING HOME	500 SOUTH ART BARTELL DRIVE URBANA, IL 61802

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S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210a) 300.1210b)5) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least	S9999	Attachment A Statement of Licensure Violations	

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restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable.
b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:
5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.
d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements are not met as evidenced by:

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Based on observation, interview, and record review, the facility failed to safely transfer a resident in the process of using a mechanical lift resulting in R1 falling and sustaining left and right ankle fractures. This applies to one (R1) of three residents reviewed for falls in the sample of seven.

Findings include:

The Reportable Incidents/Accidents form dated 9/3/2015 documents that R1 fell onto the floor during a mechanical transfer from the bed and complained of severe pain. Progress Notes dated 9-3-2015 documents that at 8:35 AM, E7, Licensed Practical Nurse (LPN) was notified R1 was on the floor. E7 found R1 laying on R1's back with R1's right leg externally rotated and R1 complaining of pain. R1 was sent to the emergency room by ambulance at 8:45 AM for evaluation and treatment. The hospital radiology report dated 9/3/2015 documents left and right ankle fractures for R1.

R1's Care Plan dated 8/24/2015 documents R1 needs assistance with transfers and has an approach of "Mechanical lift for all transfers with 2 person assistance" and "Be sure correct sling in use & placed appropriately." The Care Plan documents that R1 is at risk for falls due to transfers and mechanical lift use and has an approach of "Mechanical lift for all transfers with 2 person assistance " followed by "using appropriate size sling & securing as it needs to be".

E3 (Certified Nurse's Aide: CNA) wrote in the employee statement dated 9/3/2015 that while E3 and E4 (CNA) were transferring R1 from the bed

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S9999	Continued From page 3 to the chair that R1 slid down and fell to the floor. E3 wrote that E3 was pushing the mechanical lift while E4 was helping to guide R1's body. E4 wrote in the Employee Statement dated 9/3/2015 that while E3 was operating the lift and E4 was guiding R1's feet off of the bed that R1 fell out of the sling and landed on the floor. On 9/4/2015 at 3:05 PM, E4 stated she told the facility the fall happened so fast that E4 didn't know whether R1 fell out of the side or the back of the sling. E4 stated she didn't see the sling before it was in place. On 9/10/2015 at 11:50 AM, E4 stated when E4 entered R1's room to help with the transfer, the orange sling was already beneath R1. E4 stated when E3 started to turn the lift with R1 in the sling, R1 fell from the sling but E4 didn't see the resident fall from sling. E4 stated R1 "probably fell from the side of the sling". E3 stated on 9/10/2015 at 1:15 PM when R1 was in the sling and was moved towards R1 's chair R1 "just fell out of the sling". On 9/8/2015 at 11:55 AM, E3 stated that prior to the R1's fall, E3 had dressed R1 and placed an orange sling beneath R1. E3 stated when E3 and E4 began moving R1 in the lift towards R1's chair, R1 fell out of the sling. E3 stated E3 couldn't tell if R1 fell from the side or rear of the sling. E3 stated all points on the sling were still attached to the lift after the fall. R1's Door Sign/Care Plan dated 3/6/2015 documents R1's correct sling size as "(L/XLg sling)".	S9999		

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E10, Registered Dietitian (RD), stated on 9/9/2015 that R1 weighed 216 pounds on 9/1/2015.

On 9/10/2015 at 1:15 PM, E3 stated she used a medium sling to lift R1 when R1 fell during transfer. E3 stated the sling was orange in color with yellow trim. The weight label on the medium sling was observed on 9/9/2015 and listed a weight range of 125-174 pounds.

On 9/11/2015 at 10:30 AM E8 (CNA) stated that when she entered R1's room after the fall, she observed that R1 had been lifted with an orange sling with yellow trim. E8 stated all the orange slings are from the same manufacturer and the orange slings with yellow outer trim are a size medium. On 9/11/2015, two orange slings with outer yellow trim were confirmed to be medium in size and had a listed resident weight range of 125-174 pounds on the attached label.

On 9/10/2015 at 3:40 PM, E5, Assistant Director of Nursing (ADON) stated staff should use the large sling to lift R1.

On 9/9/2015 at 2:35 PM, E6 (ADON) stated R1 should be lifted with a large to extra-large sling per R1's Door Sign/Care Plan.

On 9/10/2015 at 3:20 PM, E2, Director of Nursing (DON) acknowledged that a resident could fall out of an undersized sling.

The facility policy Safe Lifting and Movement of Residents dated December 2013 states: "4. Staff responsible for direct resident care will be trained in the use of manual (gait/transfer belts, lateral boards) and mechanical lifting devices".

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S9999	Continued From page 5 E3 (CNA) stated on 9/8/2015 E3 was a staffing agency CNA who was currently assigned to the facility. E3 stated E3 had not had any specific training at E3's staffing agency on mechanical lifting of residents. E3 stated on 9/10/2015 E3 had not had mechanical lift training at the facility and the facility doesn't require competency assessment of skills for staffing agency CNAs who work at the facility. E5, Assistant Director of Nursing (ADON), stated on 9/15/2015 the facility does not have any documentation of mechanical lift training for E3. (B)	S9999		